

**COMBINED DECLARATION for PATENT APPLICATION  
and POWER OF ATTORNEY**
**ATTORNEY DOCKET NO.:  
01-EDP-299**
**AS A BELOW-NAMED INVENTOR, I HEREBY DECLARE THAT:**

My residence, Post Office address, and citizenship are as stated below next to my name;

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed, and for which a patent is sought on the invention entitled:

**DIAGNOSTIC WIRING VERIFICATION TESTER**
**THE SPECIFICATION OF WHICH X IS ATTACHED HERETO**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, Section 1.56.

I hereby appoint the following attorney(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

Attorney Names and Registration Numbers

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I hereby acknowledge that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of First or Joint Inventor: <b>ROBERT TRACY ELMS</b>	Inventor's Signature: <i>Robert Tracy Elms</i>	Date: <i>1-25-02</i>
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